

Power of Attorney for Health Care

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Prepared by: Jeff Williamson
Mail to: Andy Williamson
4880 Nail Rd
Olive Branch, MS 38654

901-489-1492

12/30/10 12:33:09
DK P BK 141 PG 739
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

Power of Attorney for Health Care

I, the undersigned, Garrett J. Williamson, (SSN [redacted] residing at 7200 Atterbury Cir W, Southaven, MS 38671 revoke any and all previous Power of Attorney for Health Care made by me and appoint and appoint (Full legal name) Andrew G Williamson (SSN [redacted] residing at 4880 Nail Rd, Olive Branch, MS 38654, to be my Agent for my health and personal care with the power of delegation and substitution.

If my Agent is unable or unwilling to serve for any reason, I designate (Full legal name) Jeffrey D Williamson (SSN) 410-21-3992 residing at 19640 Yanan Rd, Apple Valley, CA 92307 as substitute agent for my health and personal care.

- 1. I direct my Agent to make health care decisions according to my wishes as set out in my Health Care Directive (Living Will) attached hereto.
- 2. I further authorize my Agent to make personal care decisions for me if I am mentally unable to do so.
- 3. This Power of Attorney for Health Care shall take effect when I become unable to make my own health care decisions and it shall remain in full force and effect until my death unless I revoke it.

This limited power of attorney shall become effective immediately and shall not expire unless revoked by me in writing.

Executed this 29th day of December 20 10 at 4880 Nail Rd. Olive Branch, MS 5:00pm
Garrett J. Williamson Signature: Garrett J. Williamson

Acknowledgement

This document was acknowledged before me on this 29th day of December 2010 by Garrett J. Williamson (Principal's Full legal name)

Signature of Notary Public Pam Rhea

Full legal Name Pamela Rhea

My commission expires 11-17-2013

State of Mississippi

County of Desoto

